

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Anesthesiologists Political Action Committee

ADDRESS (number and street)

520 N. Northwest Highway

☐ Check if different than previously reported. (ACC)

Park Ridge

IL

60068

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00255752

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y
01 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Thomas Conway

Signature of Treasurer

Mr. Thomas Conway

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		2060382.15
(b) Cash on Hand at Beginning of Reporting Period.....	2060382.15	
(c) Total Receipts (from Line 19)	98732.58	98732.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2159114.73	2159114.73
7. Total Disbursements (from Line 31)	50851.72	50851.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2108263.01	2108263.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 01 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

56809.98

56809.98

(ii) Unitemized

41922.60

41922.60

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

98732.58

98732.58

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

98732.58

98732.58

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

98732.58

98732.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

98732.58

98732.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2051.72	2051.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2051.72	2051.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47000.00	47000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1800.00	1800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1800.00	1800.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	50851.72	50851.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50851.72	50851.72

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	98732.58	98732.58
34. Total Contribution Refunds (from Line 28(d))	1800.00	1800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	96932.58	96932.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2051.72	2051.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2051.72	2051.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 57
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Seth A. Akst M.D., M.B.

Mailing Address 4609 Norwood Dr

City

Chevy Chase

State

MD

Zip Code

20815-5348

FEC ID number of contributing
federal political committee.

C

Name of Employer

George Washington University

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : C2636872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christopher Ambroze M.D.

Mailing Address 262 Bread and Cheese Hollow Road

City

Northport

State

NY

Zip Code

11768-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2014

Transaction ID : C2632591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Jeffrey D. Anderson M.D.

Mailing Address 7000 Forest Dr

City

Johnston

State

IA

Zip Code

50131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2014

Transaction ID : C2523016

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Auyong M.D.

Mailing Address 1100 9th Ave MS B2-AN

City
Seattle

State
WA

Zip Code
98101-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Mason Med Ctr Dept Anes

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2622235

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William E. Baker M.D.

Mailing Address 4968 Spring Rock Rd

City

Mountain Brk

State

AL

Zip Code

35223

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB Dept. of Anesthesiology

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2014

Transaction ID : C2636733

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stuart K. Bass M.D.

Mailing Address P.O. Box 1447

City

Scottsdale

State

AZ

Zip Code

85252

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALLEY ANES CONSUL

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2629061

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John P. Beacom M.D.

Mailing Address 4442 N Seeley Ave

City

Chicago

State

IL

Zip Code

60625-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMC Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2014

Transaction ID : C2616552

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Chandra N. Beals M.D.

Mailing Address 6025 Paper Shell Way

City

Fort Worth

State

TX

Zip Code

76179

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cook Childrens Medical Center

Occupation

Pediatric anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2014

Transaction ID : C2616532

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Angela R. Billue M.D.

Mailing Address PO Box 2934

City

Radford

State

VA

Zip Code

24143-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Assoc. of Radford

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2014

Transaction ID : C2625919

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 57

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. A. Kirk Bodary M.D.

Mailing Address 2070 Risser Rd

City

Canandaigua

State

NY

Zip Code

14424-8087

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2014

Transaction ID : C2526755

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Terrence D. Bogard M.D.

Mailing Address 5020 Knob View Trl

City

Winston Salem

State

NC

Zip Code

27104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Forest Univ Sch of Med Anes Dept

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 22 / 2014

Transaction ID : C2530783

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mark V. Boswell M.D., Ph.D

Mailing Address 530 S Jackson St Rm C2A01

City

Louisville

State

KY

Zip Code

40202-1675

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville School of Med

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2014

Transaction ID : C2616490

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gerald K. Brocker M.D.

Mailing Address 1080 McBrien Ln

City

Chattanooga

State

TN

Zip Code

37419-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesiology Consultants Exchange, I

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 03 / 2014

Transaction ID : C2523015

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael C. Brown M.D.

Mailing Address 3626 S 334th St

City

Federal Way

State

WA

Zip Code

98001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Associates

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616515

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Charles Cain M.D., M.B.

Mailing Address 622 W 168th St # 46

City

New York

State

NY

Zip Code

10032-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbia University

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 11 / 2014

Transaction ID : C2526382

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Howard I. Chait M.B.

Mailing Address 3031 Danny Hill Dr.

City

Los Angeles

State

CA

Zip Code

90064

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2014

Transaction ID : C2637059

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keith J. Chamberlin M.D., M.B.

Mailing Address 540 San Pedro Cove

City

San Rafael

State

CA

Zip Code

94901-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACM, Inc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616513

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Colin Clanton M.D.

Mailing Address 605 Morning Grove Dr

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2014

Transaction ID : C2636903

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey M. Clark M.D.

Mailing Address 520 Vernon Dr., S.E.

City

Cedar Rapids

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer

LINN CTY ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

Transaction ID : C2632582

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard D. Colavita M.D.

Mailing Address 94 Annin Rd

City

Far Hills

State

NJ

Zip Code

07931-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of NJ. LLC

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616540

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Daniel F. Davenport M.D.

Mailing Address 2705 Zinfandel Ln

City

Arlington

State

TX

Zip Code

76001

FEC ID number of contributing
federal political committee.

C

Name of Employer

JPS Health Network

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2622623

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Meena S. Desai M.D.

Mailing Address 1501 Mount Pleasant Rd

City

Villanova

State

PA

Zip Code

19085-2112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nova Anesthesia Professionals

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 03 / 2014

Transaction ID : C2522900

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nimesh S. Desai M.D.

Mailing Address 1435 Rosehill Blvd.

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANETHESHA GROUP OF ALBANY P.C

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2014

Transaction ID : C2632580

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert A. Desimone M.D.

Mailing Address 7 Ellerhausen Dr.

City

Montville

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morris Anesthesia Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 12 / 2014

Transaction ID : C2526448

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shelly H. Dumigan M.D.

Mailing Address 11414 Waters Welling Way

City

Edmond

State

OK

Zip Code

73013-0455

FEC ID number of contributing
federal political committee.

C

Name of Employer

mcbride orthopedic hospital

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2014

Transaction ID : C2527365

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher L. Dunkin M.D.

Mailing Address 8389 Pawnee Ln.

City

Longmont

State

CO

Zip Code

80503-7279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Permanente Medical Group

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2014

Transaction ID : C2526922

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard B. Elf M.D.

Mailing Address 3131 NE 188th St Apt 1609

City

Aventura

State

FL

Zip Code

33180-2767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2014

Transaction ID : C2526721

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerry L. Epps M.D.

Mailing Address 1422 Kensington Dr

City

Knoxville

State

TN

Zip Code

37922-6038

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Tennessee Medical Center

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2014

Transaction ID : C2622636

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

01 / 12 / 2014

Transaction ID : C2526400

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

01 / 15 / 2014

Transaction ID : C2527523

Amount of Each Receipt this Period

83.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Feaster M.D.

Mailing Address 507 Ocean Avenue

City

Seal Beach

State

CA

Zip Code

90740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Hospital Orange County

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.98

Date of Receipt

01 / 27 / 2014

Transaction ID : C2621429

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Brian R. Felix M.D.

Mailing Address Greater Houston Anesthesiology
2411 Fountainview, #200

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREATER HOUSTON ANES

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2629062

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Andrew M. Fischer M.D.

Mailing Address 5026 Lauderdale Ave.

City

Virginia Beach

State

VA

Zip Code

23455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2622628

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1333.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael S. Fitzpatrick M.D.

Mailing Address 1928 Apple Blossom Dr

City

Floyds Knobs

State

IN

Zip Code

47119-9025

FEC ID number of contributing
federal political committee.

C

Name of Employer

One Anesthesia, PLLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 18 / 2014

Transaction ID : C2529483

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Wayne M. Fong MD M.D.

Mailing Address 630 FIRST AVENUE
#27-H

City

NEW YORK

State

NY

Zip Code

10016-3798

FEC ID number of contributing
federal political committee.

C

Name of Employer

Park Slope Anesthesia Associates, P.C.

Occupation

MEDICAL DOCTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2014

Transaction ID : C2527380

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Orville R. Foster M.D.

Mailing Address 3557 Cappio Dr

City

Melbourne

State

FL

Zip Code

32940-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer

CENTRA BREVARD ANESTHESIOLOGY

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 03 / 2014

Transaction ID : C2522923

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James M. Frankland M.D.

Mailing Address 3640 Mossy Creek Ln

City

Tallahassee

State

FL

Zip Code

32311-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Assoc. of Tallahassee

Occupation

MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2014

Transaction ID : C2632686

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marc D. Freeman M.D.

Mailing Address 502 Mill Rd

City

Hatfield

State

PA

Zip Code

19440-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grand View Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 01 / 2014

Transaction ID : C2521869

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bradley J. Gawey M.D.

Mailing Address 611 N.W. 15th St.

City

Oklahoma City

State

OK

Zip Code

73103-2103

FEC ID number of contributing
federal political committee.

C

Name of Employer

NWA PC

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

Transaction ID : C2534363

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark A. Gilbert M.D.

Mailing Address 2594 Bronco Ct

City

West Linn

State

OR

Zip Code

97068-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616520

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. James E. Goeke M.D.

Mailing Address 707 SW Washington St., Suite 700

City

Portland

State

OR

Zip Code

97205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Anesthesiology Group

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616534

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. William K. Goglin Jr., M.D.

Mailing Address 2119 cortelyou rd

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616522

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan B. Green M.D., Ph.D

Mailing Address 3621 Shukla Ct

City

Walnut Creek

State

CA

Zip Code

94598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Consultants

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 19 / 2014

Transaction ID : C2529737

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John A. Hamel M.D.

Mailing Address 9633 Old Spring Road

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meridian Anesthesia Practice, LLC

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 01 / 2014

Transaction ID : C2521870

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Maurice M. Hart M.D.

Mailing Address Medical Center Anes.
411 Laurel, #3170

City

Des Moines

State

IA

Zip Code

50314

FEC ID number of contributing
federal political committee.

C

Name of Employer

MED CTR ANESTH

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

Transaction ID : C2632584

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joy L. Hawkins M.D.

Mailing Address 12631 E 17th Ave, MS 8203

City State Zip Code
Aurora CO 80045-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Colorado School of Medic

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 01 / 2014

Transaction ID : C2521872

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Heath D. Higgins M.D.

Mailing Address 12125 Cardinal Ln

City State Zip Code
Edmond OK 73013-8609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Anesthesia

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2014

Transaction ID : C2526271

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bradley J. Hindman M.D.

Mailing Address 200 Hawkins Dr 6 JCP
Dept. of Anesthesia

City State Zip Code
Iowa City IA 52242

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa Hospitals & Clinics

Occupation
ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 14 / 2014

Transaction ID : C2527356

Amount of Each Receipt this Period

500.00

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TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael W. Hoger D.O.

Mailing Address 6003 Macon Ct SE

City

Huntsville

State

AL

Zip Code

35802-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comprehensive Anesthesia Services

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2014

Transaction ID : C2616592

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andy Hollenshead M.D.

Mailing Address 3300 Oak Lawn Ave Ste 200

City

Dallas

State

TX

Zip Code

75219-4265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metropolitan Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dag Holmsen M.D.

Mailing Address 73 Oxen Dr

City

Oakland

State

ME

Zip Code

04963-4654

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kennebec Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2014

Transaction ID : C2616574

Amount of Each Receipt this Period

250.00

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1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry A. Hopkins M.D.

Mailing Address 16353 Valhalla Drive

City State Zip Code
 Noblesville IN 46060

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AnesthesiaConsultants of Indianapolis

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616545

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hobson W. Hornbuckle Jr.,M.D.

Mailing Address 490 Harrison Rd

City State Zip Code
 Roebuck SC 29376

FEC ID number of contributing
federal political committee.

C

Name of Employer
 spartanburg regional

Occupation
 physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 15 / 2014

Transaction ID : C2527899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark E. Hudson M.D.

Mailing Address 36 Little Mingo Rd.

City State Zip Code
 Finleyville PA 15332-3715

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Pittsburgh Physicians

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2629050

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan Hulver D.O.

Mailing Address 3719 S Atlanta Pl

City

Tulsa

State

OK

Zip Code

74105-3526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hillcrest Medical Center Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 27 / 2014

Transaction ID : C2622176

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Anthony Iarussi M.D.

Mailing Address 6619 Stableford Dr

City

Loveland

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Group Practice Bethesda Nor

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2014

Transaction ID : C2528014

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bradley L. Johnson M.D.

Mailing Address 5250 Killdeer Pl

City

Rockford

State

IL

Zip Code

61114-7082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockford Memorial Hospital

Occupation

Physician - Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 23 / 2014

Transaction ID : C2534446

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul M. Johnston M.D.

Mailing Address 51270 Park Place Dr

City

Northville

State

MI

Zip Code

48167-9112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Lake Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 19 / 2014

Transaction ID : C2529736

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rushton M. Jones M.D.

Mailing Address 1 Shire Cir

City

East Greenbush

State

NY

Zip Code

12061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albany Med Ctr

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 06 / 2014

Transaction ID : C2524177

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Bhanu V. Kanakamedala M.D.

Mailing Address 230 Twin Bridges Cv

City

Eads

State

TN

Zip Code

38028-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metropolitan Anesthesia Alliance

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 28 / 2014

Transaction ID : C2632178

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas M. Kennedy M.D.

Mailing Address 60 N. Helderberg Pkwy.

City

Slingerlands

State

NY

Zip Code

12159-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANETHESHA GROUP OF ALBANY P.C

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

Transaction ID : C2632581

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James G. Klamik M.D.

Mailing Address 1225 Orchard Ln.

City

Elm Grove

State

WI

Zip Code

53122

FEC ID number of contributing
federal political committee.

C

Name of Employer

James G Klamik MDSC

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2622231

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Heidi M. Koenig M.D.

Mailing Address 507 Ridgewood Road

City

Louisville

State

KY

Zip Code

40207-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Louisville

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616550

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adam Kovac M.D.

Mailing Address 1147 W Ohio St Ste 305

City
Chicago

State
IL

Zip Code
60642-6488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesiology Associates

Occupation

Pediatric Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2014

Transaction ID : C2616573

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Martin J. Kungl M.D.

Mailing Address 1250 Emerald Creek Dr

City

Broadview Hts

State

OH

Zip Code

44147-2575

FEC ID number of contributing
federal political committee.

C

Name of Employer

OAG

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 15 / 2014

Transaction ID : C2527537

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael J. Lalich M.D.

Mailing Address 1501 S. Lake George Dr.

City

Mishawaka

State

IN

Zip Code

46545-4068

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Valley Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 14 / 2014

Transaction ID : C2527369

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert B. Leitch D.M.D.

Mailing Address 2417 Medford Court East

City State Zip Code
Fort Worth TX 76109

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTSW

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2632177

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cindy L. Leland M.D.

Mailing Address 4901 Knollwood Ct

City State Zip Code
Valparaiso IN 46383-0843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Porter County Anesthesia, Valparaiso, I

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2014

Transaction ID : C2527370

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Wai K. Leung M.D.

Mailing Address 1711 Mich Court

City State Zip Code
Yuba City CA 95993

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wa Kwong Leung, MD, Inc

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

Transaction ID : C2616607

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles B. Levine M.D.

Mailing Address 755 Oakwood Dr.

City

Red Lion

State

PA

Zip Code

17356-9093

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of York, PA

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 26 / 2014

Transaction ID : C2616575

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eryn A. Levis M.D.

Mailing Address 222 Kilpatrick Ave

City

Wilmette

State

IL

Zip Code

60091-2933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Childrens Memorial Hospital, Anesthesi

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2014

Transaction ID : C2534444

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David E. Lind M.D.

Mailing Address 148 57th Ct.

City

West Des Moines

State

IA

Zip Code

50266

FEC ID number of contributing
federal political committee.

C

Name of Employer

medical center anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 24 / 2014

Transaction ID : C2616489

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Liu M.D.

Mailing Address 338 Spear St Unit 5B

City State Zip Code
 San Francisco CA 94105-6168

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medical Anesthesia Consultants

Occupation
 Physician anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2014

Transaction ID : C2632589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Roger R. Loven M.D.

Mailing Address 925 English Oak Drive

City State Zip Code
 Bismarck ND 58501

FEC ID number of contributing
federal political committee.

C

Name of Employer
 St. Alexius Heart and Lung Clinic

Occupation
 Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 31 / 2014

Transaction ID : C2637048

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Philip E. Lund M.D.

Mailing Address 5441 SW View Point Terrace

City State Zip Code
 Portland OR 97239-3965

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NW Permanente Medical Group

Occupation
 Cardiac Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2014

Transaction ID : C2632193

Amount of Each Receipt this Period

250.00

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1000.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen A. MacNaughton M.D.

Mailing Address 3524 W 97th Pl

City

Leawood

State

KS

Zip Code

66206-2223

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Kansas Department of Ane

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2014

Transaction ID : C2534239

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Randall J. Malchow B.S., M.D.

Mailing Address 9137 Concord Hunt Cir

City

Brentwood

State

TN

Zip Code

37027-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University Med

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 14 / 2014

Transaction ID : C2527359

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Julius Mapalad M.D.

Mailing Address 8418 N College Ave

City

Indianapolis

State

IN

Zip Code

46240-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesia

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

Transaction ID : C2622175

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keith A. May M.D.

Mailing Address 1107 Thornehill Dr

City

Anderson

State

SC

Zip Code

29621-1574

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anderson Anesthesia Consultants

Occupation

Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 26 / 2014

Transaction ID : C2616605

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John E. McCall M.D.

Mailing Address 3229 Burnet Ave

Shriners Hosp. For Children

City

Cincinnati

State

OH

Zip Code

45229-3018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Cincinnati

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 31 / 2014

Transaction ID : C2636904

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Samuel T. McIlrath M.D.

Mailing Address 1933 Hickory Glen Rd

City

Knoxville

State

TN

Zip Code

37932-1953

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology of Tennessee

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 30 / 2014

Transaction ID : C2636696

Amount of Each Receipt this Period

500.00

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TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacob B. Miller M.D.

Mailing Address 6645 Edgevale Rd

City

Kansas City

State

MO

Zip Code

64113-2341

FEC ID number of contributing
federal political committee.

C

Name of Employer

st. lukes east anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2014

Transaction ID : C2527376

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Chander S. Mishra M.D.

Mailing Address 217 Mill Xing W

City

Colleyville

State

TX

Zip Code

76034-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northstar Anes PA

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2014

Transaction ID : C2632186

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jason S. Mitchell M.D.

Mailing Address 1748 Primrose Lane

City

Glenview

State

IL

Zip Code

60026-7766

FEC ID number of contributing
federal political committee.

C

Name of Employer

northshore university healthsystem

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2014

Transaction ID : C2616491

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. George Momany M.D.

Mailing Address 101 W 8th Ave

Main OR

City

Spokane

State

WA

Zip Code

99204-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Providence Medical Group

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 28 / 2014

Transaction ID : C2622214

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kimberly L. Mooney M.D.

Mailing Address 1414 Fawn Hvn

City

San Antonio

State

TX

Zip Code

78248-1767

FEC ID number of contributing
federal political committee.

C

Name of Employer

Platinum Corporation

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 31 / 2014

Transaction ID : C2636905

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert R. Morrison M.D.

Mailing Address 5801 Spinnaker Pointe

City

Parkville

State

MO

Zip Code

64152-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ad Vivum Anesthesiology, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 07 / 2014

Transaction ID : C2524211

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ajay Nath M.D.

Mailing Address 23 Barclay Ct.

City
Somerset

State
NJ

Zip Code
08873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Consultants of New Jersey

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 07 / 2014

Transaction ID : C2524390

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen W. Noltner M.D.

Mailing Address N21W24805 Still River Dr

City

Pewaukee

State

WI

Zip Code

53072-8507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 14 / 2014

Transaction ID : C2527352

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Michael J. Noud M.D.

Mailing Address Kalispell Regional Medical Center
310 Sunnyview Lane

City

Kalispell

State

MT

Zip Code

59901

FEC ID number of contributing
federal political committee.

C

Name of Employer

northern rockies anesthesia consultant

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 05 / 2014

Transaction ID : C2523070

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. John J. Olson M.D.

Mailing Address 1808 Yahara Pl

City

Madison

State

WI

Zip Code

53704-5557

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Anesthesiology Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616544

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Brian S. Pallohusky M.D.

Mailing Address 4600 E Berkeley St

City

Springfield

State

MO

Zip Code

65809-3528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Hospital Springfield

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2622626

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Todd H. Patterson D.O.

Mailing Address 1439 Wedgewood Ave

City

Des Plaines

State

IL

Zip Code

60018-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lutheran General Hospital

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 31 / 2014

Transaction ID : C2645463

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alfonso E. Pino M.D.

Mailing Address 17511 Woods Edge Dr

City
Dallas

State
TX

Zip Code
75287-7544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alfonso E Pino III MD PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616516

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James F. Piontek M.D.

Mailing Address 1495 Hemlock Ct

City
Liberty

State
MO

Zip Code
64068-3724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2625988

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Hugh M. Pratt M.D.

Mailing Address 124 Point Fosdick Circle, NW

City
Gig Harbor

State
WA

Zip Code
98335-7818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainier Anesthesia Assoc.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616537

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas G. Provost D.O.

Mailing Address 15 Hastings Ave

City

Keene

State

NH

Zip Code

03431-5204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cheshire Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

Transaction ID : C2530698

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Peter E. Qualey M.D.

Mailing Address 5739 Wilshire Dr.

City

Madison

State

WI

Zip Code

53711-6405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Anesthesiology Consultants

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2629056

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Carl S. Ramsey M.D.

Mailing Address 2328 Rue Maison

City

Biloxi

State

MS

Zip Code

39532-3242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital of Gulfport

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 29 / 2014

Transaction ID : C2622872

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Elizabeth Rebello M.D.

Mailing Address 4800 Welford Dr

City

Bellaire

State

TX

Zip Code

77401-5334

FEC ID number of contributing
federal political committee.

C

Name of Employer

MD Anderson Cancer Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2014

Transaction ID : C2524953

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Scott Reeves M.D., M.B.

Mailing Address Musc Dept of Anesthesia

167 Ashley Avenue, Suite 301

City

Charleston

State

SC

Zip Code

29425-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical University of South Carolina

Occupation

Doctor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 20 / 2014

Transaction ID : C2529742

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gary M. Richman M.D.

Mailing Address 19109 Streamside Ct.

City

Boca Raton

State

FL

Zip Code

33498-6230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orthopedic Center of Palm Beach

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 19 / 2014

Transaction ID : C2529604

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard L. Richter M.D.

Mailing Address 222 S. Herlong Ave.

City

Rock Hill

State

SC

Zip Code

29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Rock Hill, PA

Occupation

Physician Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2014

Transaction ID : C2616518

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David P. Ritter M.D.

Mailing Address 6234 NW 23rd Ter

City

Boca Raton

State

FL

Zip Code

33496-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Anesthesiology

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	14	/	2014

Transaction ID : C2527357

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Philip A. Rojas M.D.

Mailing Address 1755 Kirby Pky, Suite #330

City

Memphis

State

TN

Zip Code

38120-4398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Anesthesia Group

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	03	/	2014

Transaction ID : C2523017

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. James R. Rowbottom M.D.Mailing Address Anesthesia Department
11100 Euclid Ave

City	State	Zip Code
Cleveland	OH	44106-1716

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals Case Medical Cent

Occupation

Vice Chair of Clinical Directors Assoc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2014

Transaction ID : C2632195

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Deborah A. Rusy M.D.

Mailing Address 412 Farwell Dr

City	State	Zip Code
Madison	WI	53704-6026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of WI Medical Foundation Dept of

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	14	/	2014

Transaction ID : C2527319

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Donald R. Santella M.D.

Mailing Address 113 Queen Anne Dr.

City	State	Zip Code
Slingerlands	NY	12159-9384

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANETHESHA GROUP OF ALBANY P.C. Dept.

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2014

Transaction ID : C2632579

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen F. Scharf M.D.

Mailing Address 103 Lee Cir

City

Lynchburg

State

VA

Zip Code

24503-1336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lynchburg Anesthesia Associates

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2014

Transaction ID : C2632189

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Steven Schwalbe M.D., M.EnMailing Address Anesthesia Department
7901 Broadway # E2-69

City

Elmhurst

State

NY

Zip Code

11373-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elmhurst Hospital Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2014

Transaction ID : C2526836

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Torin D. Shear M.D.Mailing Address 2650 Ridge Ave
Dept of Anesthesia

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northshore University Health Systems

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : C2530736

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Silverstein M.D.

Mailing Address 1619 3rd Ave Apt 16G

City

New York

State

NY

Zip Code

10128-3464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Icahn School of Medicine

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 28 / 2014

Transaction ID : C2622186

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ranjan B. Singh M.D.

Mailing Address 5228 S Berkeley Ave.

City

Chicago

State

IL

Zip Code

60615-3061

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONTINENTAL ANESTHESIA

Occupation

Anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 05 / 2014

Transaction ID : C2523065

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Vanila M. Singh M.D.

Mailing Address 300 Pasteur Dr # H-3580

City

Palo Alto

State

CA

Zip Code

94305-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stanford Univ. Medical Center Dept of

Occupation

anesthesiologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Transaction ID : C2616488

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark D. Snyder M.D.

Mailing Address Box 3521

City
Salina

State
KS

Zip Code
67402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Associates of Central KS

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2014

Transaction ID : C2616514

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Don E. Sokolik M.D.

Mailing Address 2757 Kinsington Circle

City
Weston

State
FL

Zip Code
33332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sheridan Healthcare Inc

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 14 / 2014

Transaction ID : C2527355

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Gregory M. Somerville M.D.

Mailing Address 6208 Devils Hollow Rd.

City
Fort Wayne

State
IN

Zip Code
46814-9401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Associated Anesthesiologists of Fort W

Occupation
Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2014

Transaction ID : C2526272

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marion E. Starks M.D.

Mailing Address 3000 Blackburn St Apt 1001

City
DallasState
TXZip Code
75204-2207FEC ID number of contributing
federal political committee.

C

Name of Employer

Anesthesia Resources for Children

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	4

Transaction ID : C2632500

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Donald C. Stogsdill M.D.

Mailing Address 2569 Turning Leaf Ln.

City
CarmelState
INZip Code
46032FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Vincent Medical Group

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	4

Transaction ID : C2527893

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Raymond U. Tapnio M.D.

Mailing Address 5272 Arapaho Way

City
CarmelState
INZip Code
46033-8845FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Anesthesiologists

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	1		2	0	1	4

Transaction ID : C2530708

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeana G. Tarziers M.D.

Mailing Address P.O. Box 1025

City State Zip Code
 Fairhope AL 36533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eastern Shore Anesthesia

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 03 / 2014

Transaction ID : C2522901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Elton S. Thayer M.D.

Mailing Address 4628 E. Ocotillo Rd.

City State Zip Code
 Paradise Valley AZ 85253

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Anes. Consult

Occupation

ANESTHESIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 28 / 2014

Transaction ID : C2632181

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hugh K. Thomson M.D.

Mailing Address 3703 Drummond St

City State Zip Code
 Houston TX 77025-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2014

Transaction ID : C2616547

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey C. Thue M.D.

Mailing Address 120 33rd Street

City

Manhattan Beach

State

CA

Zip Code

90266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ambulatory Anesthesia Associates

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2622230

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph D. Tricarico M.D.

Mailing Address 2150 Glenview Ln NE

City

Rochester

State

MN

Zip Code

55906-8398

FEC ID number of contributing
federal political committee.

C

Name of Employer

Olmsted Medical Center

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 12 / 2014

Transaction ID : C2526452

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Glenn R. Turco D.O.

Mailing Address 2240 Vincent Dr

City

Brookfield

State

WI

Zip Code

53045-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Anesthesiology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 21 / 2014

Transaction ID : C2530720

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A. Walter M.D.

Mailing Address 55 Lagunita Dr.

City

Laguna Beach

State

CA

Zip Code

92651-4237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newport Harbor Anesthesia Consultants

Occupation

anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 25 / 2014

Transaction ID : C2616535

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ronggang Wang M.D.

Mailing Address 7849 W Rolling Field Dr

City

Mequon

State

WI

Zip Code

53097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

Anesthesiologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 26 / 2014

Transaction ID : C2616606

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Margaret R. Weglinski M.D.

Mailing Address Department of Anesthesiology
200 1st St. SW

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic College of Medicine

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 17 / 2014

Transaction ID : C2528957

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blake E. Wendelburg M.D., Ph.D

Mailing Address 7326 Oakview

City

Shawnee

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 18 / 2014

Transaction ID : C2529482

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John S. Whittington M.D.

Mailing Address 23 Circle Dr NE

City

Albuquerque

State

NM

Zip Code

87122-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anes. Assoc. of New Mexico, P.C.

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 27 / 2014

Transaction ID : C2621439

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles A. Wideburg M.D.

Mailing Address 3627 Long Furrow Rd.

City

Franksville

State

WI

Zip Code

53126-9463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Lakes Anesthesia

Occupation

anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2014

Transaction ID : C2530593

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adrienne Y. Williams M.D.

Mailing Address 4128 W Stonewater Dr

City
Peoria

State
IL

Zip Code
61615-8852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Anesthesia Consultants

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

01 / 28 / 2014

Transaction ID : C2622622

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. James H. Williams M.D.

Mailing Address N2201 UNC Hospitals, Campus Box 70
 Dept of Anesthesiology

City

Chapel Hill

State

NC

Zip Code

27599-7010

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Carolina Hospitals

Occupation

Anesthesiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 01 / 2014

Transaction ID : C2521855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mark C. Zemanick M.D.

Mailing Address PO Box 18119

City

Pittsburgh

State

PA

Zip Code

15236-0119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson Regional Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2014

Transaction ID : C2529515

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1010.00

56809.98

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. CMR Political Action Committee

Mailing Address PO BOX 248

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Cathy McMorris RodgersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: WA District: 05

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : D151395

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEEMailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : D153594

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of David Jolly

Mailing Address P.O. Box 1158

City	State	Zip Code
Pinellas Park	FL	33782

Purpose of Disbursement
2014 Special General Contribution

011

Candidate Name

David JollyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: FL District: 13

Special General

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2014

Transaction ID : D151778

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2014

Transaction ID : D153795

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2014

Transaction ID : D153796

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second St. NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
2014 Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

2014 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2014

Transaction ID : D153596

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
2014 Primary Contribution

Candidate Name

Rep. Earl BlumenauerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2014

Transaction ID : D151777

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JACKIE SPEIER FOR CONGRESS

Mailing Address Post Office Box 112

City	State	Zip Code
Burlingame	CA	94011

Purpose of Disbursement
2014 General Contribution

Candidate Name

Rep. Jackie SpeierOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : D153601

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JO BONNER FOR CONGRESS COMMITTEE

Mailing Address P.O.Box 851232

City	State	Zip Code
Mobile	AL	36685

Purpose of Disbursement
Void of 2/13 check

Candidate Name

Rep. Jo BonnerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: AL District: 01

Void of 2/13 check

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		07		2014

Transaction ID : D151596

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City
Las VegasState
NVZip Code
89136Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Joe HeckCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: NV District: 03Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	15	/	2014

Transaction ID : D153793

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MICA FOR CONGRESS

Mailing Address P. O. BOX 181546

City
CASSELBERRYState
FLZip Code
32718Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. John L. MicaCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: FL District: 07Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	08	/	2014

Transaction ID : D151393

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. AMODEI FOR NEVADA

Mailing Address 503 N DIVISION ST

City
CARSON CITYState
NVZip Code
89703Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Mark AmodeiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: NV District: 02Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2014

Transaction ID : D151776

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 57

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. SALMON FOR CONGRESS

Mailing Address PO BOX 1290

City MESA	State AZ	Zip Code 85211
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Purpose of Disbursement
2014 General Contribution

011

Candidate Name

Rep. Matt SalmonCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 05

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : D153598

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City ROLLING MEADOWS	State IL	Zip Code 60008
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Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Rep. Tammy DuckworthCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 08

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : D151394

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON	State SC	Zip Code 29407
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Purpose of Disbursement
2014 Primary Contribution

011

Candidate Name

Sen. Tim ScottCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: SC District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2014

Transaction ID : D153600

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00

47000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Society of Anesthesiologists Political Action Committee

1800.00

State: District:

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

1800.00

1800.00